

(129)

Bank Online Deposit (*Note: Application Form will not be entertained without Original Deposit Slip.)

<input type="checkbox"/> BANK ALFALAH, (ANY BRANCH)	<input type="checkbox"/> HABIB BANK LIMITED, (ANY BRANCH)	Branch Code	Deposit Date			
Note: Test Center in the desired city will be arranged for minimum of 200 applicants. Once selected a test center cannot be changed.						
Test City: (Tick only one)	<input type="checkbox"/> Islamabad	<input type="checkbox"/> Lahore	<input type="checkbox"/> Karachi	<input type="checkbox"/> AJK	<input type="checkbox"/> GB	<input type="checkbox"/> Faisalabad
	<input type="checkbox"/> Quetta	<input type="checkbox"/> Peshawar	<input type="checkbox"/> Mardan	<input type="checkbox"/> Zhob	<input type="checkbox"/> Sibi	<input type="checkbox"/> Multan
	<input type="checkbox"/> DG Khan	<input type="checkbox"/> Larkana	<input type="checkbox"/> Sukkur	<input type="checkbox"/> Turbat	<input type="checkbox"/> Bannu	<input type="checkbox"/> Sargodha
	<input type="checkbox"/> Hyderabad	<input type="checkbox"/> Sahiwal	<input type="checkbox"/> Kohat	<input type="checkbox"/> Abbotabad	<input type="checkbox"/> Gujranwala	
	<input type="checkbox"/> D.I. Khan	<input type="checkbox"/> Khuzdar	<input type="checkbox"/> Shaheed Benazir Abad	<input type="checkbox"/> Bahawalpur		
	<input type="checkbox"/> Dera Murad Jamali	<input type="checkbox"/> Mirpur Khas	<input type="checkbox"/> Malakand			
Domicile District: _____			Note: ALL DATA FIELDS ARE REQUIRED. FILL YOUR APPLICATION FORM CAREFULLY.			
Domicile Province: (Tick only one)	<input type="checkbox"/> Punjab	<input type="checkbox"/> Balochistan	<input type="checkbox"/> Sindh (U)	<input type="checkbox"/> Sindh (R)		
	<input type="checkbox"/> KPK	<input type="checkbox"/> Islamabad Capital Territory	<input type="checkbox"/> FATA			
	<input type="checkbox"/> Azad Jammu and Kashmir	<input type="checkbox"/> Gilgit Baltistan	<input type="checkbox"/> Other			

Passport size Recent
Photograph Affix with
Gum

آپ کی تصویر اس خانے
میں ہونا ضروری ہے

1. Personal Information (In Block Letters)

Name (in Full): _____

Father's Name: _____

CNIC/B-Form: _____

Age: _____ Date of Birth (D-M-Y) ____ - ____ - ____ Marital Status: _____

Postal Address: _____

Phone #: _____ Cell #: _____ (Do not give here Network converted mobile Numbers)

Your Height: _____ (feet) _____ (Inches) Chest (For Males Only): _____ (Inches)

Note: Tick Only One Circle in each Row.

Religion:	<input type="radio"/> Muslim	<input type="radio"/> Non-Muslim
Are You Disable?	<input type="radio"/> Yes	<input type="radio"/> No
Gender:	<input type="radio"/> Male	<input type="radio"/> Female
Armed Forces:	<input type="radio"/> Yes	<input type="radio"/> No
Only for personnel of Armed Forces of Pakistan		
Deceased Servant:	<input type="radio"/> Yes	<input type="radio"/> No
Deceased Civil Servant wife, son or daughter		
Government Servant:	<input type="radio"/> Yes	<input type="radio"/> No
with Two Years Continuous Experience		
Scheduled Cast /Buddhist:	<input type="radio"/> Yes	<input type="radio"/> No

2. Academic Information (Note: In case of incomplete academic information, Your Application will be Declined.)

Certificate/Degree	Degree Title	Major Subjects	Year of Passing	Marks Obtained	Total Marks	Institution Name
SSC (10 years)						
HSSC / DAE / A-Level (12 / 13 years)						
Bachelor (14 years)						
Bachelor (H) / Master (16 years)						
MS / M.Phil. (18 years)						
PhD						
Other (Diploma / Certificate)						

3. Employment Information (Note: If you need more rows to write your information, you can add an additional page with Application Form.)

Organization Type (Government / Semi Government / Private)	Organization Name (Name of the Organization / Dept.)	Designation (Your Designation / Position Title)	Start Date (Starting Date)	End Date (End Date)

4. Undertaking by Applicant

I _____ d/s/w of _____ do hereby solemnly affirm that I have read and understood the conditions for applying in the above mentioned Post and that I have filled the form as per instructions given above and in the event any information contained herein is found to be untrue, I shall be liable to disciplinary action which may result in cancellation of my candidature & test at any stage even after employment and that a legal action shall be taken against me by FGA.

Signature & Date:

Thumb Impression (Left Hand):

Document Check list:

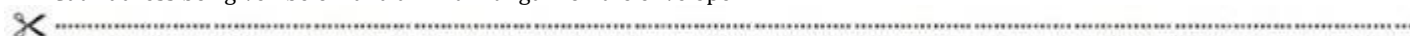
Tick if Attached / selected:

- ☐ Photograph is Attached
- ☐ Original bank Deposit Slip is Attached on the back side of Application Form
- ☐ CNIC Copy is Attached on the back side of Application Form

Instructions:

- Application Fee (Service Charges) is nonrefundable / nontransferable. Bank Online Deposit of Rs. 125/- must be attached with application form.
- In case of more than one apply use separate application form along with original deposit slip.
- Application must reach OTS office latest by last date of submission of application form.
- OTS will not be responsible for late receiving of application through courier / Pakistan post etc.
- Attach your recent photograph, CNIC copy, original bank deposit slip with this application form.
- Without Signature & Thumb impression, your application form will not be entertained.
- Without photograph your application form will not be entertained.
- In-complete forms will not be entertained. (All the fields are mandatory / Required)
- By hand submission of Application form is not allowed.
- Mobile phones are not allowed in test center premises.
- Please visit OTS website according to the test schedule to check your status.

Cut Address box given below and affix it with gum on the envelope.



Send Registration Form to:

Manager Operations, (FGA)

Open Testing Service (OTS),

Office No 01, Central Avenue,

Phase 6, Bahria Town, Islamabad

Help Line: 051-2375081 Email: info@ots.org.pk, Website: www.ots.org.pk

Open Testing Service

Innovation in Training & Assessment

OTS Copy

Branch Code: _____ Date: ____/____/____

Branch Name: _____

ONLINE DEPOSIT SLIP

Please deposit in only one bank & tick the relevant Bank

 <small>HABIB BANK</small>	<input type="checkbox"/> Habib Bank Limited
Remote Branch:	Habib Bank Limited, PWD Branch (2328)
Account Title:	Open Testing Service
Account Number:	23287106336103
Note: Bank Service Charges Free of Cost	

 Bank Alfalah	<input type="checkbox"/> Bank Alfalah Limited
Remote Branch:	Bank Alfalah, PWD Branch (0335)
Account Title:	Open Testing Service
Account Number:	0335001004927667
Note: Bank Service Charges Free of Cost	

- Application Form will not be entertained without Original Deposit Slip.
- Desired Bank Stamp is required on the Deposit Slip.
- Deposit it in any online country wide branches.

Applicant Name:	
Applicant Father Name:	
CNIC No. / Form B No.:	
Applied For:	

Amount in Figures:	Rs. 125
Amount in Words:	One Hundred & Twenty Five

.....
Applicant Signature

.....
Cashier

Open Testing Service

Innovation in Training & Assessment

BANK Copy


Branch Code: _____ Date: ____/____/____

Branch Name: _____

ONLINE DEPOSIT SLIP

Please deposit in only one bank & tick the relevant Bank

 <small>HABIB BANK</small>	<input type="checkbox"/> Habib Bank Limited
Remote Branch:	Habib Bank Limited, PWD Branch (2328)
Account Title:	Open Testing Service
Account Number:	23287106336103
Note: Bank Service Charges Free of Cost	

 Bank Alfalah	<input type="checkbox"/> Bank Alfalah Limited
Remote Branch:	Bank Alfalah, PWD Branch (0335)
Account Title:	Open Testing Service
Account Number:	0335001004927667
Note: Bank Service Charges Free of Cost	

- Please Stamp both copies of deposit Slip.
- The Bank Must Return **OTS Copy** to the Candidate.
- Attach CNIC Copy with deposit slip.

Applicant Name:	
Applicant Father Name:	
CNIC No. / Form B No.:	
Applied For:	

Amount in Figures:	Rs. 125
Amount in Words:	One Hundred & Twenty Five

.....
Applicant Signature

.....
Cashier